

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET FOR USE WITH FORM PTO-875)						SERIAL NO. 09/807143	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51
2	1						52
3	1						53
4	3						54
5	(1)						55
6	(r)						56
7	(1)						57
8	(1)						58
9	(1)						59
10	(1)						60
11	(1)						61
12							62
13							63
14							64
15							65
16							66
17							67
18							68
19							69
20							70
21							71
22							72
23							73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	1	1					TOTAL IND.
TOTAL DEP.	12	→	→	→	→	→	TOTAL DEP.
TOTAL CLAIMS	13	1	1	1	1	1	TOTAL CLAIMS